

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 68

STATE FILE NUMBER

**=62-026407**

**FILED JUL 23 1962**

**1. PLACE OF DEATH**

a. COUNTY

Clay

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Excelsior Springs

Length of stay in lb  
39 yrs.

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Excelsior Springs Hospital

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE Missouri

b. COUNTY Clay

c. CITY OR TOWN Excelsior Springs

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (if outside, give location)  
112 E. Kansas

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First

Middle

Last

Rosa

Lee

Ellett

**4. DATE OF DEATH**

Month

Day

Year

June 17, 1962

**5. SEX**

Female

**6. COLOR OR RACE**

Negro

**7. Married** ☒ **Never Married** ☐  
**Widowed** ☐ **Divorced** ☐

**8. DATE OF BIRTH**

3-13-1909

**9. AGE (last birthday)**

53

**IF UNDER 1 YEAR**

Months

Days

Hours

Min.

**IF UNDER 24 HR**

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

Waitress

**10b. KIND OF BUSINESS OR INDUSTRY**

Elms Hotel

**11. BIRTHPLACE (City and state or country)**

Mineral Wells, Texas

**12. CITIZEN OF WHAT COUNTRY**

USA

**13a. FATHER'S NAME**

D. C. Harvey

**13b. MOTHER'S MAIDEN NAME**

Ada Richardson

**14. NAME OF HUSBAND OR WIFE**

George Ellett

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**

112 E. Kansas

George Ellett, Excelsior Springs, Mo.

**18. CAUSE OF DEATH (Enter only one cause per line)**  
**PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

Cerebral Vascular Hemorrhage, brain stem

**INTERVAL BETWEEN ONSET AND DEATH**

6 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**DUE TO (b)** Brain stem injury

3 months

**DUE TO (c)** Diabetes mellitus

7 yrs.

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes

☐ No

☐ Unknown

**19. WAS AUTOPSY PERFORMED?**  
YES ☐ NO ☒

**20a. ACCIDENT** ☒ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)**

6. Fell at home

**20c. TIME OF INJURY**  
Hour approx. Month, Day, Year  
a.m. MAR. 15 62 p.m.

injury to back of head & neck.

**20d. INJURY OCCURRED WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☒

**20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

her home

**20f. CITY, TOWN, OR LOCATION**

Exc. Sp.

**COUNTY**

Clay

**STATE**

Mo.

**21. I attended the deceased from** 4-16-62, to 6-17-62 and last saw her alive on 6-17-62

Death occurred at 7 P m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or title)

James R. Allan, M.D.

**22b. ADDRESS**

Exc. Springs, Mo

**22c. DATE SIGNED**

6-20-62

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

Burial

**23b. DATE**

6-20-62

**23c. NAME OF CEMETERY OR CREMATORY**

Elmwood

**23d. LOCATION (City, town, or county)**

Excelsior Springs, Mo.

**24. FUNERAL DIRECTOR**

Prichard Funeral Home, Inc.

Excelsior Springs, Missouri

**25. DATE RECD. BY LOCAL REG.**

7-3-62

**26. REGISTRAR'S SIGNATURE**

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

6001

2 60012

3

4 3

5 1

6

7 1

8 2

99040

10 21

11 600

12 2-0

13 1-1

JUL 2 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

per by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lindell Jarman*

Licensed Embalmer No.

*4589*

P. O. Address

*Excelsior Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.